

3. DESIGNING AND EVALUATING INTERVENTION PLANS

Introduction

An intervention plan sets forth the goals, expectations, and implementation procedures for an intervention (see box at right) and is often part of a proposal for funding. Once an intervention is funded, the intervention plan can be used as a template for organizing and deploying resources and for determining the content of work to be done. The plan can also serve as the implementation standard for which the provider is accountable to the health department, as well as alert the health department to the provider's potential technical assistance needs.

Requirements

Data to Report

A core set of data elements to be reported by the health department to CDC in the aggregate by type of intervention and risk population includes the following:

- C Type of agency
- C Approximate number of people to be reached, categorized by race/ethnicity and sex (except for health communication/public information [HC/PI]). Reporting data on age is encouraged but not required.
- C Sufficiency of evidence basis
- C Sufficiency of service plan for implementing the intervention

A complete list of required variables for each type of intervention is provided in the table, *Variables Required for Aggregate Intervention Plans and Process Evaluations*, at the end of this chapter.

Intervention

An intervention is a specific activity (or set of *related* activities) intended to bring about HIV risk reduction in a particular target population using a common strategy for delivering the prevention messages. An intervention has distinct process and outcome objectives and a protocol outlining the steps for implementation.

Example: An individual-level counseling intervention may consist of four related sessions, but they are all provided in a clinic through one-on-one interaction.

Program

A program is a distinction often used by an agency to describe a related set of interventions serving a particular population.

Example: The *Men's Education Network (MEN)* program consists of an individual-level counseling intervention, a social marketing campaign, and outreach conducted in bars.

How to Report Data

At the beginning of the budget year for the health department's externally allocated funds, the health department should provide a report that summarizes interventions of a particular type that it funds (see Table 1.1), *grouped by behavioral risk population* (see Table 1.2). A separate set of data should be provided for each type of intervention *provided to each of the six behavioral risk populations*¹ defined by risk of exposure to HIV.

Types of Interventions	
C Individual-Level Counseling	C HIV-Antibody Counseling and Testing²
C Group-Level Counseling	C Partner Counseling and Referral Services
C Outreach	C Health Communication and Public Information
C Prevention Case Management	C Other Interventions

Table 1.1

Behavioral Risk Populations	
MSM	Men who have sex with men and are at risk through unsafe sex
MSM/IDU	Men who are at risk from both unsafe sex with other men and unsafe drug injection practices
IDU	Men and women who are at risk through unsafe drug injection practices
Heterosexual	Men and women who are at risk through unsafe heterosexual sex
Mother with or at risk for HIV infection	Women at risk for transmitting HIV during pregnancy, at birth, or during infancy
General Population	Reserved for interventions not targeting a specific population at risk for HIV

Table 1.2

¹ Risk populations in this guidance are characterized primarily by the risk behaviors associated with specific means of HIV transmission. This classification is not intended to minimize the importance of other ways of characterizing people at risk for HIV or in need of HIV prevention services. For example, there are good reasons in some situations to classify people according to demographic characteristics (e.g., age, race/ethnicity) or by occupation ("sex worker"). The use of behavioral risk populations in this guidance has two primary advantages. First, it highlights the importance that CDC places on clarifying the behavioral risk that is the target of prevention efforts. Second, it provides a common denominator with which to describe the groups of people being served with CDC funds.

² For many purposes, CDC will project numbers of people to be served in an ensuing year based on the CT data submitted by the jurisdiction the previous year. Therefore, the intervention plan example reporting form for Counseling and Testing is limited to a narrative discussion of any differences that are anticipated between a previous year's service level and the level expected in the next year. This example form can be found in the appendix to this chapter.

Note (as shown in the example below) that the data to be reported are an aggregate for all the interventions of a particular type funded for a particular population throughout the jurisdiction. For example, if a state funds five different outreach interventions for injection drug users, one form should be submitted that reflects all five interventions. If that same state funds three other outreach interventions to serve men who have sex with men, one report should be submitted that reflects those three MSM outreach activities. The example in the box on the next page expands on this example for further clarification.

Example: Assume that a jurisdiction funds several outreach interventions; some serve injection drug users, others serve men who have sex with men. The jurisdiction also funds several individual-level interventions for those two populations.

This jurisdiction would submit four separate sets of data in order to report on each of these combinations of interventions and risk populations.

- C One report would summarize the data for all **outreach** interventions for **IDUs** that the health department funds.
- C Another report would summarize all **outreach** interventions for **MSM**.
- C A third report would summarize the data for all **individual-level interventions** for **IDUs**.
- C The fourth report would contain the data for all **individual-level interventions** for **MSM**.

The worksheet found at the end of the chapter, *Determining Which Intervention Plan Data to Submit*, can also be used to determine which reports should be submitted.

Intervention plan data should reflect final agreements between the health department and providers about the nature and scope of the intervention to be provided. That is, this summary should report on the characteristics of the interventions *after negotiations or revisions are made in conjunction with health department staff*. This may be different from what providers initially propose. These projections should reflect services that will be offered during the entire budget year, beginning on the date that the award is made.

Methods

The worksheet, *Determining Which Intervention Plan Data to Submit*, can be used to determine which particular reports should be submitted. All interventions funded with CDC Announcement 99004 funding, including those implemented by health department staff, should be included. The example forms in the appendix at the end of this chapter are provided as resources for grantees and their subcontractors to use for reporting information about proposed interventions. There is one form for each of the major types of intervention (e.g., individual-level, outreach). These forms can be modified or added to as needed to meet the particular needs of each jurisdiction.

Notably, because some *programs* for a single target population may consist of multiple interventions, each intervention should have a separate intervention plan. Additional guidance for evaluating intervention plans is provided in Chapter 3 of *Evaluating CDC HIV Prevention Programs—Volume 2: Supplemental Handbook*.

Also, some “interventions” have multiple, discrete components that, for the purposes here, should be classified as multiple components. For example, some areas jurisdictions may fund an intervention they refer to as community-level intervention (CLI) that is composed of a peer union leader intervention, a media campaign, street outreach, and house-party interventions (i.e. group level intervention). This CLI is designed so that the component interventions support one another and create a “whole” effect that is greater than the sum of the “parts.” However, if each of these four components meets the criteria used in this guidance for an intervention, then each one should be reported separately. As defined earlier in the chapter, an intervention is...

- C ...a specific activity (or set of *related* activities)...
- C ...intended to bring about HIV risk reduction...
- C ...in a particular target population...
- C ...using a common strategy for delivering the prevention messages.

An intervention...

- C ...has distinct process and outcome objectives and...
- C ...a protocol outlining the steps for implementation.

If an intervention meets these criteria, a separate report should be made for it, even if it is related theoretically, conceptually, or programmatically to other distinct interventions.

Note: Some grantees may choose to submit data for individual interventions as well as aggregate data. The companion document to this guidance, *Volume 2: Supplemental Handbook*, contains example forms for compiling data related to a single intervention.

In addition to the required data, grantees may submit narrative data that supports, clarifies, or amplifies their submission. Examples of such optional information are a discussion of secondary populations and the perceived impact of that category on counts of people to be served or the “translation” of local categories for populations or interventions to the standard taxonomy found in the *Guidance*.

Variables Required for Aggregate Intervention Plans and Process Evaluations

Individual- and Group-Level Interventions								
	I ³	P ⁴		I	P		I	P
C Jurisdiction identification C # of interventions C Types of agencies C Risk population C Demographics of clients to be served C Demographics of clients served	T	T	C Evidence basis C Service plan C Statewide def./guidelines C # of counseling sessions received	T	T	C Settings C Staffing C Expenditures		T
Outreach								
C Jurisdiction identification C # of interventions C Types of agencies C Risk population C Demographics of clients to be served C Demographics of clients served	T	T	C Evidence basis C Service plan C Statewide def./guidelines C Prevention materials distributed	T	T	C Settings C Staffing C Expenditures		T
Prevention Case Management								
C Jurisdiction identification C # of interventions C Types of agencies C Risk population C Demographics of clients to be served C Demographics of clients served	T	T	C Statewide def./guidelines C # of PCM sessions received C Average # of PCM sessions per client		T	C Staffing C Expenditures		T
Partner Counseling and Referral Services								
C Jurisdiction identification C # of interventions C Types of agencies C Risk population C Demographics of clients to be served C Demographics of clients served	T	T	C Statewide def./guidelines C # of partners identified C # of notified partners counseled C # of notified partners tested C # of notified partners testing positive		T	C Staffing C Expenditures		T
Health Communications / Public Information								
C Jurisdiction identification C # of interventions C Type of HC/PI intervention C Types of agencies C Risk population	T	T	C Evidence basis C Service plan C Statewide def./guidelines C # of hotline callers C # of clearinghouse materials requested	T	T	C # of presentations C Electronic/print media exposure C Staffing C Expenditures		T
Other Interventions								
C Jurisdiction identification C # of interventions C Types of agencies C Type of "Other Intervention"	T	T	C Description of "Other Intervention" C Staffing C Expenditures	T	T			

³ I = Data requested for *Intervention Plans*

⁴ P = Data requested for *Process Evaluations*

WORKSHEET

Determining Which *Intervention Plan* Data to Submit

1. If you fund at least one of the following *Intervention Types* for a particular *Risk Population* with CDC Announcement 99004 funds, put a check mark (**T**) in the corresponding cell.
2. Submit a separate set of data (or use one of the example forms found in the appendix) for each “intervention type by risk population” with a check mark.

Risk Population* Intervention Type	MSM	MSM/IDU	IDU	Hetero- sexual	Mother with or at risk for HIV	General Public
Individual-Level						
Group-Level						
Outreach						
Prevention Case Management						
Partner Counseling and Referral Services						
Health Communication and Public Information						
Counseling and Testing**						
Other Interventions (including community-level)						

* MSM: Men who have sex with men

MSM/IDU: Men who have sex with men and are also injection drug users

IDU: Injection drug users

See page 6 of the Appendix to this chapter, *Instructions and Definitions for Reporting Intervention Plan Data*, for more detailed definitions of the risk populations.

** For Intervention Plans, the only information asked for concerning Counseling and Testing is whether significant changes are expected in the number or type of clients seen.

APPENDIX